PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approve for use integring in a control to the provent of use in th

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/566,456			ing Date 30/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY	
FOR			NUMBER FI	LED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x \$ =		
IND (37	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *					x \$ =		]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and drawir sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fractic 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									]			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									]	TOTAL		
	APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	03/12/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 37	Minus	<b>~</b> 38		= 0	П	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 9	Minus	···10		= 0	П	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus				П	x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))		Minus	***		-	П	x \$ =		OR	x \$ =		
ā	Application Size Fee (37 CFR 1.16(s))						П			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
Γ							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	If the entry in column 1 is less than the entry in column 2, write 0° in column 3.  If the Highest Number Previously Part For IN THIS SPACE is less than 20, enter "20".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previously Part For IN THIS SPACE is less than 3, enter "3".  If the Highest Number Previo												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggeousloss for reducing this burdon, about the sent to the CER information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.